

FILED JAN 18 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1959

State File No. _____

BIRTH NO. _____		REG. DIST. NO. <u>236</u>		PRIMARY REG. DIST. NO. <u>5819</u>		Registrar's No. <u>2</u>	
1. PLACE OF DEATH a. COUNTY <u>Morgan</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Morgan</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Osage / Tw'nship</u>				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Osage Tw'nship</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>5. M. South Versailles</u>				d. STREET ADDRESS (If rural, give location) <u>5 M. South Versailles, Mo.</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>El</u>		b. (Middle) <u>Sadie</u>		c. (Last) <u>Bass</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Nov. 30, 1881</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House Wife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>		11. BIRTHPLACE (State or foreign country) <u>Cole Co. Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>James Murray</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Murray</u>		14. NAME OF HUSBAND OR WIFE <u>Luther Bass</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Luther Bass Versailles, Mo.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Degenerative heart disease</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Pulmonary tuberculosis</u> DUE TO (c) <u>Arthritis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Arthritis general of</u>				INTERVAL BETWEEN ONSET AND DEATH <u>3 yrs -</u> <u>unknown more than year</u> <u>2 yrs</u>	
19a. DATE OF OPERATION <u>none</u>		19b. MAJOR FINDINGS OF OPERATION <u>1172</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>no</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) <u>1</u> (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Sept 1, 1942</u> to <u>Jan 11, 1949</u> , that I last saw the deceased alive on <u>Jan 9, 1949</u> , and that death occurred at <u>1:00 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>A. J. Gunn M.D.</u> (Degree or title)				23b. ADDRESS <u>Versailles Mo</u>		23c. DATE SIGNED <u>Jan 12-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>13 Jan. 49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Versailles Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Versailles, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>Jan 13-49</u>		REGISTRAR'S SIGNATURE <u>J. L. Washburn</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. T. Russell</u>		ADDRESS <u>Versailles, Mo.</u>	
Per Vera O. Kildwell (Licensed Embalmer's Statement on Reverse Side)							

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

KL 2-12-48
District Health Officer File #3
District File Number 12-48-1612
Date Filed 1-12-49

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

working under my personal supervision.

Student
Student Embalmer

Student Embalmer No.

Signed

Gene H. Barton

Licensed Embalmer No. 4021

P. O. Address VERSAILLES, MO

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.